Healthcare Safety Net EHR Collaboration:
Creating Access to Care through Health Information Exchange

There are several, potentially overlapping Health Information Technology (HIT) initiatives, including EHR implementation, in the Greater Richmond region that intend to include community-based Safety Net Providers. Informal requests were made to the several organizations involved in these initiatives to gauge their interest in attending a regional HIT Summit that would help Safety Net Providers, health systems and others to become more aware of these various initiatives, and the potential impact on the broader Richmond-area health community. In keeping with the national trend, initial contact with key stakeholders was well received.

The stage is set for collaborative development of a community wide Health Information Exchange (HIE), however, there is no designated entity to bring these disparate groups – ranging from national for-profit health systems to public health departments, insurance companies to free clinics – together to address the business, financial and technical aspects of creating and maintaining a successful HIE.

There are collaborative organizations in communities throughout Virginia who bring together the various organizations that comprise the Healthcare Safety Net, and in doing so, have begun much of the groundwork needed for establishing a regional or statewide Healthcare Safety Net. These collaborations identify gaps in care and work together to address the needs of the uninsured population by creating sustainable data-driven initiatives to support the Safety Net Providers.

Implementation of EHR can easily be incorporated into these established networks that are familiar with referral pathways that frequently connect multiple, existing resources (channeling pre-natal patients at free clinics to delivery at local hospitals), and often share patient information electronically (via web-based eligibility screening tools) to facilitate the continuum of care for their uninsured patients. This culture of collaboration gives the Healthcare Safety Net a distinct advantage in EHR implementation, and the development of HIE initiatives.

What is REACH?

More than 103,000 Richmonders – one in eight – do not have health insurance. At least 14 area organizations offer low-cost – in some cases free – health services to persons without health insurance. These healthcare providers, which form Richmond's Healthcare Safety Net, are uniquely able to care for uninsured and underinsured persons – still, gaps in care remain.

Recognizing the need to collaboratively address systemic problems affecting the Healthcare Safety Net, several organizations focused on caring for the uninsured began meeting in 2000 to discuss how to minimize gaps in care and strengthen the Healthcare Safety Net. In 2002, the group incorporated as Richmond Coalition of Safety Net Providers, Inc., d/b/a *R*ichmond *E*nhancing *A*ccess to *C*ommunity *H*ealthcare (REACH).

For more information on REACH, our mission, or our programs, please contact us at 804.827.3224, or visit our website @ www.reachva.org.

Safety Net Providers play a vital role in today's healthcare landscape – caring for the under- and uninsured – and need to be represented in efforts to implement EHR, develop HIE, and ultimately create a continuum of care for all healthcare consumers, regardless of ability to pay for services.

While there is clearly value to electronic exchange of clinical information, connecting Safety Net Providers to more than one EHR, or other clinical data system, to facilitate information exchange could prove difficult to implement due to the operational constraints at Safety Net Providers. Specific attention to staff training and financial sustainability will need to be incorporated into the planning and implementation activities for Safety Net Providers.

REACH is a collaborative organization, with extensive experience working with Richmond-area Safety Net Providers, and a reputation for bringing together disparate groups on neutral ground to effectively address common concerns all providers face in caring for the uninsured. REACH has existing relationships with area health systems, local health departments and various state agencies. Successfully integrating EHR into the clinical and business practices of Safety Net Providers will supplement the existing projects REACH has in place at community partner locations, strengthening the Healthcare Safety Net. A stronger Healthcare Safety Net can serve more patients, more effectively, increasing access to care for the uninsured.

Key Stakeholders*

Anthem
Bon Secours Richmond Health System
CenVaNet – MedVirginia
Chesterfield County Health Department
Community Care Network of Virginia
HCA Richmond Hospitals
Henrico County Health Department

REACH *(representing Richmond Safety Net Providers)*
Richmond Ambulance Authority
Richmond City Health Department
VCU Health System
Virginia Association of Free Clinics
Virginia Health Quality Center
Virginia Primary Care Association

This is not a comprehensive list of organizations that would need to be included in discussions to create a regional Health Information Exchange.

Executive Directive Responsibility	"As Is" -- What Does EHR at Richmond SNP Look Like Today?	"To Be" -- What Should EHR at Richmond SNP Look Like Tomorrow?
1) Collaboration among stakeholders	Richmond-area Safety Net Providers collaborate on other projects, such as perinatal care, shared financial screening software, development of a pharmacy, specialty referral network, etc.	Incorporate EHR into these existing initiatives as it directly relates to the provision of care to the targeted populations (i.e. Prenatal – Cerner), and could streamline project implementation of initiatives still under development (specialty referral).
2) Promoting development of EHR in various provider settings	As healthcare costs rise, the burden of caring for the uninsured population grows. Safety Net Providers bear the brunt of this burden, and focus their limited human and financial resources on providing point of care services. It is difficult to promote EHR implementation in a setting where there are no resources to facilitate the workflow and business process redesign, at the individual clinic and community level, to incorporate new technology.	Technical assistance for operational effectiveness and performance improvement, targeted towards their specific organizational culture, would be readily available to Safety Net Providers who are considering the adoption of EHR, or have already begun using EHR, and need additional help to implement effectively.
3) Technology plan for Richmond-area Safety Net Providers health information infrastructure	An emerging need for a more streamlined information technology infrastructure has been identified. Safety Net Providers spend significant manpower utilizing several different types of software to track their patients, collect information for reporting to various funders, and to access affordable medications for their uninsured patients. Optimal utilization of staff and IT is required before costly attempts to implement new technology, like EHR, can be successful.	A group dedicated to encouraging collaboration among providers, and facilitating the strategic development of a community health plan, paying close attention to the imperative role of EHR, such as bringing new players to the table (i.e., lab companies, payers), and creating a continuum of care for uninsured patients that access several providers throughout the Richmond area.

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4) Identify obstacles and options	Several workgroups are dedicated to the implementation of EHR, but there is no conduit for communication to help all stakeholders understand the various initiatives and consider how to establish a true health information exchange.	That same group dedicated to encouraging collaboration among providers, and facilitating the strategic development of a community health plan, would cultivate peer to peer communication channels by hosting regional HIT Summits that highlight issues surrounding the implementation and maintenance of EHR and health information exchange initiatives.
5) Additional data collection priorities and systems	Several fragmented groups are working to address this need at various levels – the Virginia Association of Free Clinics (Data Initiative), the Virginia Primary Care Association (PEX, ARHQ Grant). To initiate planning for strategic use of health information technology, a community-wide needs assessment should be performed to identify and evaluate the various data and systems used by Safety Net Providers during daily operations.	That same group dedicated to encouraging collaboration among providers, and facilitating the strategic development of a community health plan, would work to identify health outcomes for the Healthcare Safety Net, and gear data collection to effectively gauge progress toward meeting those health outcomes.
6) Ensuring privacy and security	There is an information-sharing network already established (REACH - MORE Access), and requisite legal counsel is available to the coordinating entity to address compliance.	That same group dedicated to encouraging collaboration among providers, and facilitating the strategic development of a community health plan, would contract with a vendor to provide IT compliance services (i.e., spot check systems and security) in addition to legal counsel.

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7) Develop performance measures and benchmarks	While not implementing P4P, these providers would be ideal pilot sites as they serve high numbers of Medicaid patients, and sometimes offer ancillary services, like outreach staff or transportation, to encourage better utilization of healthcare resources.	That same group dedicated to encouraging collaboration among providers, and facilitating the strategic development of a community health plan, would be charged with the identification of performance measures and benchmarks, keeping the Richmond-area providers aligned with national standards, as they are made available. The coordination of Richmond – area P4P will increase payer participation in the development of a community health plan, which would in turn partially fund the management of the community health plan.
8) Make policy & budget recommendations to Governor and General Assembly	Several organizations address this need at various levels – such as the Virginia Association of Free Clinics and the Virginia Primary Care Association. However, several other issues are competing for funds and attention. When the issue is brought to the forefront, it is focused narrowly on the procurement and implementation of EHR technology, not the creation of HIE among several different types of providers (i.e., free clinics, community health centers, health systems, etc.).	That same group dedicated to encouraging collaboration among providers, and facilitating the strategic development of a community health plan, would provide participating associations, already equipped with the staff and resources to make policy and budget recommendations, with information pertinent to all Safety Net Providers' involvement in HIE.